

DUE DATE:

Please Read Instructions:

TRANSCRIPT ORDER

1. NAME Jason C. Hoggan			2. PHONE NUMBER 469-391-7400	3. DATE 10/26/2021
4. DELIVERY ADDRESS OR EMAIL jhoggan@sheppardmullin.com			5. CITY Dallas	6. STATE TX 7. ZIP CODE 75201
8. CASE NUMBER 4:21-cr-00009	9. JUDGE George C. Hanks, Jr.	DATES OF PROCEEDINGS 10. FROM 10/25/2021 11. TO 10/25/2021		
12. CASE NAME USA v. Brockman			LOCATION OF PROCEEDINGS 13. CITY Houston 14. STATE TX	
15. ORDER FOR <input type="checkbox"/> APPEAL <input checked="" type="checkbox"/> CRIMINAL <input type="checkbox"/> CRIMINAL JUSTICE ACT <input type="checkbox"/> BANKRUPTCY <input type="checkbox"/> NON-APPEAL <input type="checkbox"/> CIVIL <input type="checkbox"/> IN FORMA PAUPERIS <input type="checkbox"/> OTHER				
16. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)				
PORTIONS		DATE(S)	PORTION(S)	DATE(S)
<input type="checkbox"/> VOIR DIRE			<input type="checkbox"/> TESTIMONY (Specify Witness)	
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)				
<input type="checkbox"/> OPENING STATEMENT (Defendant)				
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)			<input type="checkbox"/> PRE-TRIAL PROCEEDING (Specify)	
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)				
<input type="checkbox"/> OPINION OF COURT				
<input type="checkbox"/> JURY INSTRUCTIONS			<input checked="" type="checkbox"/> OTHER (Specify)	
<input type="checkbox"/> SENTENCING			Entire Status Conference proceeding	10/25/2021
<input type="checkbox"/> BAIL HEARING				
17. ORDER				
CATEGORY	ORIGINAL (Includes Certified Copy to Clerk for Records of the Court)	FIRST COPY	ADDITIONAL COPIES	NO. OF PAGES ESTIMATE
ORDINARY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES	
14-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES	
EXPEDITED	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES	
3-Day	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NO. OF COPIES	
DAILY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES	
HOURLY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES	
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>		
CERTIFICATION (18. & 19.) By signing below, I certify that I will pay all charges (deposit plus additional).			ESTIMATE TOTAL	0.00
18. SIGNATURE /s/ Jason C. Hoggan			PROCESSED BY	
19. DATE 10/26/2021			PHONE NUMBER	
TRANSCRIPT TO BE PREPARED BY Nichole Forrest			COURT ADDRESS	
ORDER RECEIVED		DATE	BY	
DEPOSIT PAID			DEPOSIT PAID	
TRANSCRIPT ORDERED			TOTAL CHARGES	0.00
TRANSCRIPT RECEIVED			LESS DEPOSIT	0.00
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT			TOTAL REFUNDED	
PARTY RECEIVED TRANSCRIPT			TOTAL DUE	0.00

DISTRIBUTION:

COURT COPY

TRANSCRIPTION COPY

ORDER RECEIPT

ORDER COPY